MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.		FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	1					51							
			1				52							
			2				53							
							54							
							55							
			1				56							
							57							
			1				58							
			2				59							
0			2				60							
1					1		61							
2						1	62							
3			1			1	63							
4						1	64							
5						1	65							
6						1	66							
17			1		(		67							
18					(		68							
19			1			1	69							
20			1			1	70							
21							71							
22							72							
23							73							
24							74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
32							82							
33							83							
34							84							
35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.		↓	↓		2 ↓		TOTAL IND.		↓		↓		↓	
TOTAL DEP.		↓	8 ↓		8		TOTAL DEP.		↓		↓		↓	
TOTAL CLAIMS			10		10		TOTAL CLAIMS							

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS